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To: Fax - 703-872-9306

Appl. No.

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**Applicant** 

Jeff Borenstein, M.D.

Heskia Heskiaoff

Filed

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Examiner

Robert W. Morgan

Title of Invention

Medication Partnership Program

Commissioner for Patents ¼ P.O. Box 1450 ¼ Alexandria VA 22313-1450¼

## **AMENDMENT**

Sir:

Please amend the above-identified application as follows:

Amendment to the Brief Summary of the Invention begins on page 2 of this paper.

Amendment to the Detailed description of the Invention begins on page 3 of this paper.

Amendment to the Claim begins on page 6 of this document.

Amendment the Abstract of the Disclosure begins on page 7 of this paper.

Respectfully submitted,

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Attachment